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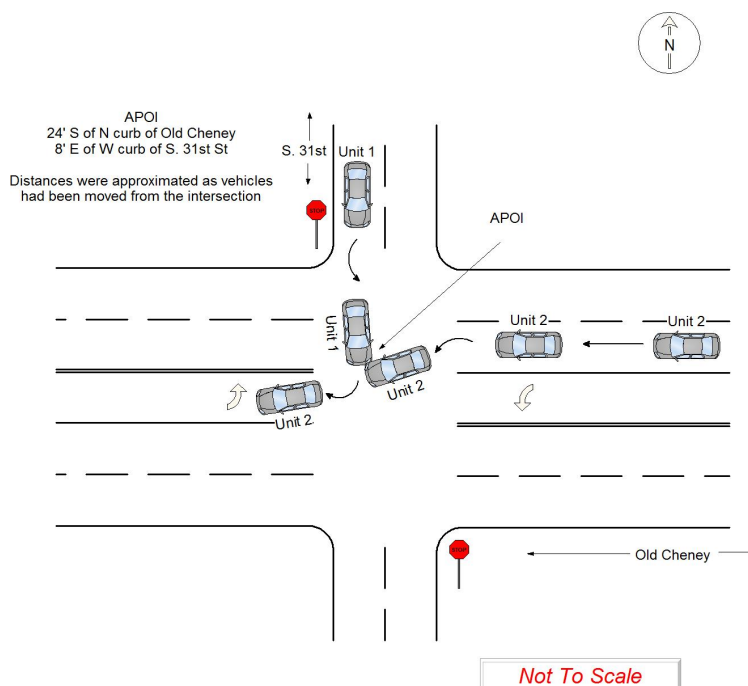
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 178	Agency Case No. B6-044157	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			TIME OF ACCIDENT 1413	STATE USE ONLY 05/21/2016							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1416	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Old Cheney			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO								
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.		LONGITUDE						
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S. 31st St			IF NOT AT INTERSECTION NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	1	VEHICLE NO. 1											
V1/N	5	DRIVER LICENSE NO.	H13661036			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
V2/N	1	DRIVER	TIFFANY N KOTLARZ			PHONE	402-890-9922						
G	2	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	10/19/1994						
H	2	OWNER	BRETT KOTLARZ			PHONE							
V1/O	1	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB513337						
V2/O	1	LICENSE PLATE	PA NO. TZR925	YEAR (Plate Expires)	2017	STATE (Of Plate)	NE						
V1/O	1	VEHICLE	2001	MAKE	Buick	MODEL	Regal	BODY STYLE	4 door Sedan	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 950
V2/O	1	VEHICLE ID NO. (VIN)	2G4WB55K311248241			INSURANCE COMPANY	UNKNOWN						
I	1	TOWED TO				TOWED BY							
V1/P	1	VEHICLE NO. 2											
V2/P	1	DRIVER LICENSE NO.	G41003686			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
V1/P	1	DRIVER	JOSEPH I RYSTROM			PHONE	402-764-7501						
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	07/13/1952						
J	01	OWNER	RYSTROM ENTERPRISES INC			PHONE							
V1/Q	4	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.						
V2/Q	4	LICENSE PLATE	NO. GERIR	YEAR (Plate Expires)	2017	STATE (Of Plate)	NE						
V1/Q	4	VEHICLE	2005	MAKE	Buick	MODEL	LLF	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1500
V2/Q	4	VEHICLE ID NO. (VIN)	1G4HR54K85U182298			INSURANCE COMPANY	state farm						
K	02	TOWED TO				TOWED BY							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX	
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F	
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.						

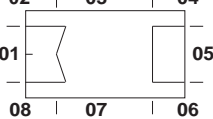
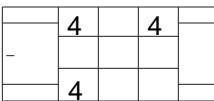


INDICATE BY DIAGRAM WHAT HAPPENED

B6-044157



D1 stated she was SB on S. 31st St and was stopped at the stop sign at Old Cheney. D1 stated she initiated a left turn to proceed EB on Old Cheney when V1 and V2 collided in the intersection. D2 stated he was WB on Old Cheney approaching S. 31st St in the median lane when V1 proceeded into the intersection, causing D2 to take evasive action. Vehicle 1 and Vehicle 2 collided in the intersection. Driver 1 cited.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESSES	NAME ADDRESS				PHONE
	William L Meader 4510 Union Hill Rd, Lincoln, NE 68516				402-432-2442
WITNESSES	NAME ADDRESS				PHONE
	Jeffrey Mentzer 3125 Briarwood, Lincoln, NE 68512				402-488-7616

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	2	VEH 2	3						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2										ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian							
1		X			S. 31st ST	POINT OF IMPACT	01	POINT OF IMPACT	03	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL LEVEL TESTED		Y		Y		Y					
2				X	Old Cheney	MOST DAMAGED AREA	01	MOST DAMAGED AREA	03									BAC LEVEL											
1	06	06 Turning left 07 Making U-turn 08 Entering traffic lane				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other																ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2				
2	01	09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 05 Turning right 13 Unknown																		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		1	1						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right						09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown																							
OFFICER NO. 1621						TROOP/TEAM/BEAT NE				DEPARTMENT Lincoln Police Department										Photographs taken?		 YES  NO							
INVESTIGATOR NAME <i>(Print or Type)</i> Christopher Schamber										INVESTIGATOR SIGNATURE Approved by Officer Christopher Schamber														DATE OF REPORT 05/21/2016					